

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 09, 2005 8:00 A.M.
Secretary of State

DOCUMENT # L020000000005

1. Limited Liability Company's Name

Gator Acres OF
Loxahatchee, LLC

2. Principal Office Address

2800 NW 22ND Terr

Suite, Apt. #, etc.

3. Mailing Office Address

2800 NW 22ND Terr

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

USA

City & State

Pompano Beach, FL

Zip

33069

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/21/2001

6. FEI Number

04-3617544

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

M. GLENN CURRAN, III

Street Address (P.O. Box Number is Not Acceptable)

2400 East Commercial Blvd.

Suite, Apt. #, etc.

Suite 208, Coastal Tower

City

Fort Lauderdale

State

FL

Zip Code

33308

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date May 5, 2005

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Diran M. Seropian	1240 Fairway Drive	Lake Toxaway, NC
			28747

REINSTATEMENT 02-05

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06/03/05--01048--019 **300.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 2 MAY 05

Daytime Phone#

828-884-4667

Typed or printed name of signing Managing Member/Manager

Diran M. Seropian